

County: Grant
 FENNIMORE COMM GOOD SAMARITAN
 1850 11TH ST

Facility ID: 3430

Page 1

FENNIMORE 53809 Phone:(608) 822-6100
 Operated from 1/1 To 12/31 Days of Operation: 366
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/04): 68
 Total Licensed Bed Capacity (12/31/04): 68
 Number of Residents on 12/31/04: 57

Ownership: Nonprofit Church/Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? Yes
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 59

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	%
Home Health Care	No	-----	-----	-----	-----	1 - 4 Years	38.6
Supp. Home Care-Personal Care	No	Developmental Disabilities	0.0	Under 65	3.5	More Than 4 Years	21.1
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	12.3	65 - 74	8.8	-----	-----
Day Services	Yes	Mental Illness (Other)	8.8	75 - 84	35.1	-----	100.0
Respite Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	47.4	*****	
Adult Day Care	Yes	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.3	Full-Time Equivalent	
Adult Day Health Care	No	Cancer	3.5	-----	-----	Nursing Staff per 100 Residents	
Congregate Meals	No	Fractures	8.8	65 & Over	96.5	(12/31/04)	
Home Delivered Meals	Yes	Cardiovascular	29.8	-----	-----	RNs	11.3
Other Meals	No	Cerebrovascular	3.5	Gender	%	LPNs	12.3
Transportation	No	Diabetes	8.8	-----	-----	Nursing Assistants,	
Referral Service	No	Respiratory	5.3	-----	-----	Aides, & Orderlies	
Other Services	No	Other Medical Conditions	19.3	Male	36.8	39.0	
Provide Day Programming for		-----	-----	Female	63.2	-----	
Mentally Ill	No	100.0	100.0	-----	-----	-----	
Provide Day Programming for		-----	-----	-----	-----	-----	
Developmentally Disabled	No	-----	-----	-----	-----	-----	

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	3.0	133	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.8
Skilled Care	3	100.0	316	30	90.9	114	0	0.0	0	20	95.2	137	0	0.0	0	0	0.0	0	53	93.0
Intermediate	---	---	---	2	6.1	95	0	0.0	0	1	4.8	131	0	0.0	0	0	0.0	0	3	5.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		33	100.0		0	0.0		21	100.0		0	0.0		0	0.0		57	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	19.2	Bathing	0.0	94.7	5.3	57
Private Home/With Home Health	1.4	Dressing	17.5	77.2	5.3	57
Other Nursing Homes	0.0	Transferring	40.4	52.6	7.0	57
Acute Care Hospitals	76.7	Toilet Use	28.1	64.9	7.0	57
Psych. Hosp.-MR/DD Facilities	0.0	Eating	80.7	15.8	3.5	57
Rehabilitation Hospitals	0.0	*****				
Other Locations	2.7	Continence		%	Special Treatments	%
Total Number of Admissions	73	Indwelling Or External Catheter	12.3	Receiving Respiratory Care		17.5
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	36.8	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	35.5	Occ/Freq. Incontinent of Bowel	7.0	Receiving Suctioning		0.0
Private Home/With Home Health	11.8	Mobility		Receiving Ostomy Care		0.0
Other Nursing Homes	10.5	Physically Restrained	1.8	Receiving Tube Feeding		0.0
Acute Care Hospitals	9.2			Receiving Mechanically Altered Diets		15.8
Psych. Hosp.-MR/DD Facilities	0.0	Skin Care		Other Resident Characteristics		
Rehabilitation Hospitals	0.0	With Pressure Sores	5.3	Have Advance Directives		70.2
Other Locations	2.6	With Rashes	14.0	Medications		
Deaths	30.3			Receiving Psychoactive Drugs		57.9
Total Number of Discharges (Including Deaths)	76					

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	86.8	94.4	0.92	88.5	0.98	87.7	0.99	88.8	0.98
Current Residents from In-County	96.5	77.1	1.25	72.5	1.33	70.1	1.38	77.4	1.25
Admissions from In-County, Still Residing	28.8	24.2	1.19	19.6	1.46	21.3	1.35	19.4	1.48
Admissions/Average Daily Census	123.7	115.9	1.07	144.1	0.86	116.7	1.06	146.5	0.84
Discharges/Average Daily Census	128.8	115.5	1.11	142.5	0.90	117.9	1.09	148.0	0.87
Discharges To Private Residence/Average Daily Census	61.0	46.1	1.32	59.0	1.03	49.0	1.25	66.9	0.91
Residents Receiving Skilled Care	94.7	97.0	0.98	95.0	1.00	93.5	1.01	89.9	1.05
Residents Aged 65 and Older	96.5	97.0	1.00	94.5	1.02	92.7	1.04	87.9	1.10
Title 19 (Medicaid) Funded Residents	57.9	64.4	0.90	66.3	0.87	68.9	0.84	66.1	0.88
Private Pay Funded Residents	36.8	24.7	1.49	20.8	1.77	19.5	1.89	20.6	1.79
Developmentally Disabled Residents	0.0	0.5	0.00	0.4	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	21.1	35.9	0.59	32.3	0.65	36.0	0.58	33.6	0.63
General Medical Service Residents	19.3	24.7	0.78	25.9	0.75	25.3	0.76	21.1	0.92
Impaired ADL (Mean)	36.5	50.8	0.72	49.7	0.73	48.1	0.76	49.4	0.74
Psychological Problems	57.9	59.4	0.97	60.4	0.96	61.7	0.94	57.7	1.00
Nursing Care Required (Mean)	6.6	6.8	0.97	6.5	1.02	7.2	0.91	7.4	0.89